Refer to: Veith I: Changing concepts of health care: An historian's view (Medicine in Perspective). West J Med 133: 532-538, Dec 1980

Changing Concepts of Health Care: An Historian's View

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WITHIN THE RECENT PAST such expressions as *health care,* or even *health care delivery,* have come to supplant the traditional term *medicine.* In essence, their meanings are identical. From the beginning of man's concern with healing, the practice of medicine was expected to fulfill a threefold task: the treatment of disease, the cure of disease and, finally, the prevention of disease.

It is, of course, an audacious undertaking to attempt to compress into one essay the changes and permutations that concepts of health care have undergone in the course of documented medical history.

Medical historians often have been criticized for being too much concerned with the achievements and biographies of renowned individual physicians, rather than with the medical care actually given to mankind by their contemporaries, by all physicians, be they celebrated or more or less anonymous. To live up to the title of my essay I will try to refrain from any medical hero worship—although an occasional name may not be avoidable—and, rather, discuss the practice of medicine as it has changed throughout the ages.

Because of the renewed prominence of King Tutankhamen, I will begin with a mention of how medicine was practiced in the Egypt of his day. Even though we think of medical specialties as a modern phenomenon, some specialization had begun in ancient Egypt. Also, medical treatment was not dispensed uniformly, but was given only to those whose illnesses were judged by the healer to be curable. In fact, the most important of all Egyptian medical papyri (the *Edwin Smith Surgical Papyrus*) allowed a physician to pronounce one of three verdicts after examining a patient: (1) "This is an illness which I will treat," (2) "This is an illness with which I will contend," (that is, I will maintain an expectant attitude) and (3) "This is an illness which I will not treat."[1]

This apparently cold-blooded evaluation of whether a patient's condition was treatable was derived from the nature of medical status and practice in antiquity. Rather than being settled in one locality, physicians led the lives of itinerant craftsmen and, like them, depended for their livelihood on the esteem they had earned on previous visits. With a record of many successful cures they usually enjoyed a reputation of wise judgment and therapeutic skill, which attracted more and more patients.

This method was also adopted by the ancient Greek physicians who felt no twinge of conscience if they declined treatment of terminally ill patients. The Hippocratic oath, which is so often cited, and misquoted, does not make any demands that doctors be samaritans. However, physicians were instructed in the writings of Hippocrates to adjust their fees to the economic condition of patients and to forgo payment altogether if the patient was a stranger in town and poverty-stricken. Moreover, physicians were urged to seek consultation from colleagues.

In ancient China the custom of consultation—that is, the seeking of a second opinion—was carried out to what might seem an inconceivable

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Adapted from a lecture presented at the Sixth National Seminar of the Vista Hill Foundation, Coronado, California, February 15, 1980.

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extreme to modern physicians. In the case of illness in a family, not one but several physicians were called in. Each made his diagnosis and made a suggestion about therapy. The patient and the family would then select the doctor who had announced the most agreeable diagnosis and treatment. He was retained and all the others dismissed. It is noteworthy that Chinese physicians also were inclined to prefer those patients whose conditions appeared curable. This approach to medicine persisted throughout the millennia of Chinese medical history and well into the 20th century.

With the rise of Christianity in the West and Buddhism in the East, priests, who functioned as healers, were no longer permitted to make selections from among patients. They were expected to treat all comers, regardless of the severity of an illness.

In Europe, together with religious medical practitioners there were numerous lay physicians who were under the strict control of local authorities concerning the nature of their medical practice, including their successes and failures. In fact, malpractice became a serious matter; severe financial and even physical penalties were meted out by the courts to those physicians who had caused injuries or aggravation of the original illness through carelessness or lack of knowledge.

In contrast to clerical physicians who were expected to extend equal care to all who sought their help and healing, lay physicians, even though they might have been expected to do likewise, left records of their discrimination between wealthy and poor patients. The difference made by them between the rich and the poor was not confined to the amount of personal attention given but extended to the type and value of medications they gave to their patients. This was a time when physicians often were also pharmacists, making and dispensing the drugs they prescribed. In fact, the dual activity of doctor and apothecary persisted in England until 1511, when King Henry VIII introduced a change after condemning this joint practice:

> The science and cunning of Physick (pharmacy and medicine) and surgery . . . is daily within this Realm exercised by a great multitude of ignorant persons of whom the greater part have no manner of insight in the same, nor any other kind of learning.[2,3]

King Henry went on to state that some of the so-called physicians were totally illiterate just like common artisans, such as blacksmiths, weavers and women (midwives?), and that they took upon themselves great cures, in which they applied sorcery and witchcraft, as well as medicines for diseases, even noxious medicines, such as had never been used before. All this was perpetrated "To the great displeasure of God, the great infamy to the Faculty [of medicine], so that the people cannot discern the unlearned from the learned physician."

After having proclaimed this sorry and dangerous state of affairs, King Henry decreed that the practice of medicine was to depend on a doctor's having passed an examination by the Dean of St. Paul's Cathedral and four "doctors of Physick," and at least one expert surgeon. Moreover, the physicians were strictly forbidden to act as pharmacists.

Whether these lines were written by Henry VIII, or by an anonymous courtier, we will never know. However, they will always be attributed to the king because it was he who instituted a thorough reform in the practice of medicine and introduced an examination system that was, and has remained, the sine qua non of medical licensure.

At any rate, it is evident that Henry VIII was anxious to weed out from among the so-called physicians the many "Smiths, Weavers, Charlatans, and wise Women," all of whom had pretensions of being learned healers, whereas it was believed that they used sorcery and witchcraft and untried medicines.

But, to return to those doctors who discriminated in their prescriptions between rich and poor, and dispensed medication as well as their medical advice, I must mention John of Gaddesden (13th century) who served Chaucer as his model for the Doctor of Physick in the *Canterbury Tales*. John of Gaddesden was the author of a work entitled *Rosa Anglica* (first printed in Paris in 1492), in which he listed a number of precious stones and pearls that, finely ground, were to serve as medication for the rich, while to the poor he dispensed roots and herbs that could be easily and cheaply obtained by anyone. Such distinctions were made without the slightest embarrassment on the part of a doctor, but simply because God had willed that some patients were rich while others were poor, and that doctors were entitled to a comfortable livelihood which was most easily ensured by wealthy patients.

Many of the diseases that today are the most long-drawn-out, painful and deadly ones (such as

some cardiovascular disturbances and types of carcinoma) have come into existence only in the recent past. In previous centuries, when people rarely lived past the age of 50, many disorders of the heart and circulation rarely had a chance to make themselves felt because people had succumbed to other, now curable and preventable, diseases. Senile dementia, or other aspects of aging, rarely developed because the life span was too brief.

For this reason, as well as because of the disinterest of the medical profession in the aged, geriatric medicine as a discipline did not come into being until the first decade of this century. After all, until recently the dread of aging that is still felt by many of us today was fortified by the Bible, doubtless the most influential and widely known literature for nearly 2,000 years. A pertinent passage from Ecclesiastes (12:1-2) (KJV) illustrates the irreversibility of age and the process of aging, and with it the gradual desocialization of the person so afflicted:

> Remember now thy Creator in the days of thy Youth, while the evil days come not, nor the years draw nigh when thou shalt say, I have no pleasure in them;
> 2. While the sun or the light, or the moon, or the stars, be not darkened, nor the clouds return after the rain;

Further on, the biblical text refers not only to the dimming of vision, but also to the impairment of hearing, when the song of birds, the laughter of youth and the sound of music become low and scarcely audible. Another sign of age, according to Ecclesiastes, is the fear of altitude as well as general fears, all of which impede the enjoyment of life.

In contrast to the pessimistic attitude of the biblical writer in Ecclesiates in Cicero's *De Senectute* (44 BC), which defends the aged and aging. When Cicero wrote this work he was 63 years old, an exceptional age for that time. He said, "Above all, when you wish to read or hear history, you will find that many of the biggest countries have been unsettled and endangered by youths, while they are being strengthened and supported by old men."[4] Cicero's idea of the value of age was also held by the Roman statesman Seneca, who advocated the value of gerontology—the care and attention for man in advanced age—when he suggested to his fellow Romans that they use extreme care to maintain health, so as to prevent its breakdown; we must fight against the collapse of health as if it were against a specific illness.

Because aging and geriatric medicine are sidelines of my survey of changing concepts of health care, I will omit authors in the intervening years and quote the 19th century philosopher and poet Friedrich Wilhelm Nietzsche, an unrelenting opponent of human weakness. With absolute realism he said, "The meaning of life implies cruelty and unforgiving opposition against everything that is weak and old in us"; and rather than speaking of the accumulated and valuable wisdom of age, Nietzsche said of himself, "It is true I am aging, but every day I am learning something new."[5]

As man's life span has continued to lengthen, the physical and emotional problems of aging have occupied more and more space in medical writings. After centuries of near total indifference towards such problems, there arose in the 17th and 18th centuries a sudden flurry of publications that announced ways and means of attaining a healthful old age. The common theory of most of these writings was that aging and death were due to a loss of human warmth. To supplement this diminishing body heat, young boys or girls were placed into the bed of aging persons in the hope that their body warmth and breath of life would strengthen the elderly patients.

Like many bits of folk wisdom, this practice had its origin in the Bible, in the First Book of the Kings (1:1-3) (KJV):

> Now king David was old and stricken in years; and they covered him with clothes, but he gat no heat.
> 2. Wherefore his servants said unto him, Let there be sought for my lord the king a young virgin and let her stand before the king, and let her cherish him, and let her lie in thy bosom, that my lord the king may get heat.
> 3. So they sought for a fair damsel . . . and brought her to the king.

Unfortunately, so the Bible tells us, this attempt at physical transference of youthful warmth failed to arouse in the aged King David the sexual desire to possess the fair maiden, or the will to live. Even though this biblical story cannot help but remind us of the studies of Masters and Johnson, it also awakens memories of the Nazi concentration camp experiments in which persons intentionally exposed to near fatal hypothermia were revived by being bedded together with warm female inmates—not necessarily young and fair maidens—to find out whether human warmth and vitality could be transferred to a near-frozen and weakened person from a normal, warm and healthy bedmate.

But, to return from the frightening combination of King David's biblical death and the experiments

of Hitler's concentration camps, I must mention the great 18th century physician Christoph Wilhelm Hufeland. His work *Macrobiotic, or the Art of Prolonging Human Life* has become the classic example of what we might call "gerophylaxis," which in spite of its scientific content did not contain any secret method of attaining healthy longevity, even though medicines fashioned of gold and ginseng *(Panax schinseng)* were used by many patients in addition to Hufeland's recommendations.

If health care, as we know it today, is concerned with the aging process and the innovation of geriatric medicine, it has also become enriched, in the course of millennia, with a concern for the health of children. For many centuries children were treated, not only in medicine but also in art, literature and dress, like miniature adults with the same needs and ailments. Hence, as a result of the Industrial Revolution, when there was an unlimited demand for skilled and unskilled workers, children became a ruthlessly exploited part of the labor force. And until this century physicians gave no warning of the irreversible damage thus inflicted upon these young bodies and minds.

In 1923 the International Society for the Help of Children created the "Geneva Declaration of the Rights of Children." This declaration has several postulates that attempted to liberate children, presumably forever, from their unfortunate and unhealthful state as miniature adults. In paraphrase some of the postulates read as follows: (1) Each child is to be offered the opportunity of a regular bodily and mental development. (2) In times of economic exigency, the needs of the child are to be considered in preference to those of the adults, as it is the child that carries the future of humanity. (3) The child should receive help without consideration of race, nationality or religion. (4) The starving child should be fed, the sick child should be cared for, the retarded child should be educated, the lost and the deserted child and the orphans should be protected. (5) In work the child should be protected against any exploitation.

With these principles it is scarcely to be wondered at that gradually a separate specialty of medicine, geared to the health care of children, came into being and spread widely. As with geriatric medicine, it was but part of the ever-increasing trend towards medical specialization in modern times.

It is interesting that in the history of medical specialization, psychiatry was recognized very late. Health care of psychiatric patients was systematically begun only in the 19th century. Until that time the medical world had undergone many changes of thought in trying to understand mental disease. Mental disease had been understood and intelligently treated in Greco-Roman antiquity, but, with the impact of the Middle Ages, behavioral aberrations became associated with witchcraft and the devil. Not uncommonly, treatment was carried out by the Inquisition, often with a deadly result for the patient. So, there was a hiatus of nearly two millennia before psychiatry reached the eminence it had in Greek and Roman times. Moreover, within the last decades, psychiatric problems have arisen that are quite outside the traditional framework of Judeo-Christian thought.

Because death, suicide and euthanasia are telling examples of concern in a changing society, I will mention some of the attitudes that have been held on these subjects. Death, to begin with, has become a matter that is openly discussed. This phenomenon is, of course, almost entirely the result of modern concepts of psychiatry, in particular, those held by Elisabeth Kübler-Ross. She was one of the first, if not the first, to make known her studies on the reactions of patients who had been told of their impending death.

Only a few years before Kübler-Ross' epoch-making publications on death and dying, I published a brief historical essay entitled "Should the Patient be Told?"[6] In that essay I examined the opinions of many physicians of the past, mostly surgeons, as to whether a patient should be told if he had an incurable illness. I found that the answer invariably was negative.

An outstanding Italian physician and surgeon of the pre-Renaissance times, William of Salicet—speaking with an equal authority as a physician and a surgeon—was keenly aware of the role played by psychic influences in the recovery from disease or operation:

> Those who practice this art (medicine) should . . . acquiesce to the wishes of the patients and conform to them, (if they do not in any way wish to result in disadvantage to his operations) and comfort the patient by gentle actions, soft words, agreeable and proper, and promise him cure in all cases, even though they are hopeless; and the operating physician himself (must) remain convinced that there is a chance for health in such an infirmity. . . . For the mind of the patient derives from such discourse and promises, a secret influence and a great disposition by which nature acquires vigor and

resistance against the disease. That is why there will result an action far more powerful than that which can be produced by all the efforts of the physician, with his instruments and even his medicine, an action such that it routs the illness. But, it is necessary that the doctor discuss the condition of the illness with the friends or the relatives of the patient . . . lest the friends might not find themselves prepared against all cruel disillusion, and so that, if the patient should die, one could not say that the doctor has caused the death, but speak well of his recovery, if the patient is cured.[7]

Faith in the curative powers of the mind, so ably expressed by William of Salicet, had, indeed, been part of medical belief since its inception. Hippocrates expressed it succinctly: "Where there is love of man, there is also love of the art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician."[8]

The ideas of Hippocrates and Salicet, in turn, were passed on to successors who paraphrased the original words and added their own thoughts of encouragement for patients. Lanfranc, the acknowledged founder of French surgery, wrote in the early 14th century: "Give the surgeon no counsel unless he be asked; let him not speak with any woman in folly in the sick man's house; nor chide with the sick man, and in all manner of sickness promise him cure, though he despaired of him, but never say the latter to his friends, but tell them how it stands."[9]

In the 15th century a German wound surgeon, Hieronymous Brunschwig, stated that a surgeon "should not say too much except to promise health to the patients . . . he should speak to the sick and wounded chastely and gently and always promise them recovery. But, to their friends he should tell the truth and hide nothing."[10]

It was Henry de Mondeville, a famous French surgeon, who expanded the brief statements of his predecessors almost to the point of the ridiculous. His views on the subject are so refreshing and so much at variance with ours today that in his sly humor we can detect a bit of irony: The surgeon should regulate the entire regimen of the patient with a view to pleasure and joy promising him a rapid recovery. The patient is led to believe "that once cured, he will perform, single-handedly, great wonders, that he will be promoted to the highest positions in his field of work."[11]

It is obvious that the primary reason the early physicians advised the withholding of dire prognoses from patients was different from that advanced today. Although not unmindful of the mental anguish suffered by patients with incurable disease, and wishing to assuage it, the earlier physicians were chiefly concerned with the "possibility of unexpected cure that might result from a confident and trusting mind."

What a difference between comforting a patient with personal fairy tales that promised fulfillment of all his wishes and Kübler-Ross' realistic insistence on a patient's duty to cope with the truth by going through five precisely defined emotional stages: (1) denial and isolation, (2) anger, (3) bargaining, (4) depression and, finally, (5) acceptance. Throughout it all, however, Kübler-Ross realized that the patients never abandoned hope; nor did she deprive them of this last hold on life.

From Kübler-Ross' beliefs it is not too great a step to the views of one of America's most distinguished physicians, Franz Ingelfinger, a celebrated internist and former editor of the *New England Journal of Medicine* who died in 1980. He stated that "the responsible physician, through whom diagnosis and treatment are channeled, must—and I emphasize *must*—take time to explain his impressions and recommendations to the patient. A crucial condition, moreover, is that the doctor use terms that the patient can understand . . . and language that is distinctly non-authoritarian."[12]

In comparing Kübler-Ross' and Ingelfinger's writings with those of the past, I am arrested by another pronounced difference between the older texts and today's practices: the patient is invariably referred to with a masculine pronoun. Although this is partly a matter of linguistics, it probably also indicates that neither surgeons nor physicians had much experience with female patients. However, Hieronymous Brunschwig, mentioned above, was the author of a general textbook of surgery, in which he described and illustrated the operation of mastectomy for the treatment of carcinoma of the breast. Apart from mastectomies and operations for hernia, treatment of female patients, just as of women in labor, was left to the skills of midwives or other "wise women" who abounded in all communities.

From the traditional and modern medical attitudes towards hopelessly ill patients it is but a short step to the concept of euthanasia and medicine's thinking about it. Initially, I must stress that in this subject the Hippocratic oath has a firm and negative opinion, which thus far has been respected and adhered to by the medical profes-

sion. "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing." From this is derived the well-known injunction *primum nil nocere* (first of all do no harm), that every physician learns in medical school. In regard to euthanasia, one version of the oath continues, "Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course." Next, occurs an injunction against carrying out abortions.

Perhaps the most telling examples of the evolution of health care in society are the changes in attitude toward these injunctions against helping patients to die and assisting at abortion. Judeo-Christian society has always considered these to be weighty admonitions, though they were by no means representative of Greek ideals and conduct. Quite to the contrary, abortions were carried out and with medical initiative. The help of patients to die was not only given, but often expected by Greek society of physicians when confronted with a terminally ill patient. The reason for this last-named practice is given in Plato's immortal work *The Republic,* which contains provision for a supreme governmental paternalism that would dictate human affairs, including the choice of marriage partners, the number of offspring and the education of children. As to the need for medical care, Plato believed that illness was a sign of decadence and personal degeneration, brought on by the decay and permissiveness of Greek society and government. In Plato's opinion it was the duty of the wellborn to keep themselves in good health and to be sufficiently well educated to provide hygienic regimens and medical care for themselves and the members of their households. Those of the aristocracy who, of themselves, failed to achieve freedom from illness were to be considered unworthy of medical treatment and should be permitted to struggle along or die as circumstances dictated.

In all of his writings Plato reflected the belief, traditional to most societies, that mankind's mode of life in a past golden age, when simplicity and naturalness prevailed, had been wiser and much more healthful than in later times; hence, the need for medical treatment resulted from decadence caused by the complexities of civilization.

If physicians refrained from the treatment of all diseases felt to be self-induced, as Plato idealistically urged, this should not imply that they were lacking in humanity, but simply that they pragmatically refrained from treating those whom they deemed incurable. For it was considered inhumane to prolong the suffering of the dying. Today this may sound unfeeling and cruel to some, but, in Platonic thought, not only the refusal of treatment but actual euthanasia was considered permissible and entirely proper.

The treatment discussed above was only given to the moneyed classes of society, of course. With the common people the situation was different. They depended for their livelihood on their ability to work; more important, their work was essential to the welfare of the community. In Plato's own words:

> When a carpenter is ill he asks the physician for a rough and ready cure: an emetic, or a purge, or a cautery or the knife—these are his remedies. And if someone prescribes for him a course of dietetics and tells him that he must swaddle his head, and all that sort of thing, he replies that he has no time to be ill and he sees no good in a life which is spent in nursing a disease to the neglect of the patient's customary employment; and therefore dismissing a physician who condones this disease-caused indolence, the patient resumes his ordinary habits and either gets well and lives, and does his business, or—if his constitution fails—he dies and has no more trouble.[13]

In all its ramifications, Plato's *Republic* remained centered on his main theme, namely, that the overriding needs of society and the requirements of the ideal state take precedence over those of individual citizens. Plato did not sympathize with individual persons: he believed they had to subordinate their own desires and needs to those of the majority. Even a timely death after lingering illness was part of the fundamental obligation of citizenship in the ancient Greek states.

Much later, Plato's views were shared and emulated by Sir Thomas More (Saint Thomas More), the great Catholic humanitarian and "man for all seasons," who served in the court of Henry VIII. He was knighted by the monarch, and later sainted for his martyrdom when he opposed the first divorce in Catholic royal history. Immortal for his authorship of *Utopia,* More advocated that those who were very sick must be supplied with all the care, kindness and drugs that were available.

> But if a disease is not only beyond treatment, but also a constant source of pain and agony, the priest and magistrates are to remind the patient that he is not up to all the tasks of life, is troublesome to others and a burden to himself and is in fact, "outliving his own death." They advise him not to go on feeding that pestilence and sickness any longer, nor to hesitate to die, since life is a torment to him. They bid him to take good hope and release himself from that bitter life, as if from a prison or a torture rack, or at least give his permission for others to remove him. They tell the patient that

putting an end to his suffering would be well and proper; and since in that matter he will be taking the advice of priests, the interpreters of God, his action will be pious and holy.[14(vol2,p88)]

To us in the 20th century, More's words may convey a remarkable insight for a man so deeply steeped in Christian philosophy, yet they present an attitude totally at variance with the general beliefs of his church, which abhors suicide for any reason. But, then, More's utopian attitudes towards other medical problems, such as care of mental patients, were equally unrealistic and in sharp contrast to the practices of his contemporaries in England. Far from being treated as "lovable fools," as More saw them, mentally ill patients were incarcerated and flogged in Bedlam.

We have received the verdicts of Plato, one of the wisest men of the past, and Thomas More, one of the saintliest men, which indicate that social change has often demanded a merciful end for incurably ill patients who are no longer productive in society. If Plato and More could have envisaged machines that artificially pump breath and nourishment into a comatose patient, their recommendation would doubtless have been to put an end to such an existence.

In spite of the lack of realism in More's views on the treatment of the insane, a passage from his *Utopia* seems pertinent:

> The Utopians take great delight in fools. Although it is considered shameful to do them any harm, yet it is permissible to get pleasure from their foolishness. For the Utopians think that this is very good for the fools themselves. If anyone is so stern and severe that he cannot laugh at any word and action of theirs, to his safekeeping (the Utopians) refuse to entrust a fool. For they are afraid that a man who finds no use and no amusement in a fool (and this is a fool's only advantage) will not look after him with sufficient kindness.[14]

In a similar vein, More's *Utopia* continued, "To mock a man who is deformed or crippled is considered disgusting and disgraceful, not to the man mocked, but to the mocker. For he stupidly reproaches as a failing something that the patient could not possibly avoid."

Although Thomas More shared Plato's pragmatism concerning the final dispositions of patients who were incurably ill and forever unable to carry out their duties to the state, he proposed care and compassion for the insane and crippled, even though they too would never fulfill the tasks of citizenship. From that time on, until the few dreadful years of the Thousand Year Reich of the German Nazis, the question of euthanasia, even in the form of mercy killing, never arose again on a large scale. Physicians did their utmost to return to the primary principle of Hippocrates' *primum nil nocere,* to the extent of not only transfusing blood but of transplanting organs, in the hope of postponing death rather than avoiding it.

Even in so brief a discussion of the history of health care, it is evident that concepts rarely persist very long and that none of them ever remains unchallenged. Thus, even psychiatry, which deals with the psyche, the intangible soul itself, is not left unshaken in its adherence to a belief in curability. Recent events in drug therapy have brought the study and treatment of the soul into the realm of biochemistry.

As an historian, I cannot project the history of health care into the future. As a scholar, I cannot venture to guess what concepts of medical care are yet to arise. It is certain, however, that even our increasing knowledge of individual diseases and discovery of new disease entities will not end the quest for the ultimate concepts of ideal health care.

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